

Health Departments do it better: prenatal care site and prone infant sleep position

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Background: Reduction of prone infant sleep position has been the main public health effort to reduce the incidence of Sudden Infant Death Syndrome (SIDS). Previous studies have identified several risk factors for prone position, notably race and multiparity.

Study Question: This study was intended to identify important determinants of prone sleep position among Oregon women.

Methods: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) surveys a stratified random sample of women after a live birth. In 1998-1999, 1867 women completed the survey (64.0% response). Fifty-three women were excluded from analysis, as their babies were no longer alive or living with them. Of the remaining 1776 women, 1732 answered the sleep position question (97.5% of those eligible). Lateral and supine sleep responses were combined. Change-in-point-estimate multivariable logistic regression was utilized for model building. Twenty-five PRAMS and birth certificate maternal and infant characteristics were explored as potential confounders.

Results: Overall, 9.2% of all women “usually” chose prone infant sleep position; 24.2% chose side and 66.5% chose supine position. Prenatal care site was identified as a significant predictor of prone sleep position in univariable and multivariable analysis. Women receiving prenatal care from private physicians or HMOs more often chose prone position (10.6%) than women attending health department clinics (2.5%), hospital clinics (6.1%) or other sites (8.3%). The adjusted odds ratio for private prenatal patients was 4.24 (95% CI 1.53 – 11.77) compared to health department prenatal clinic patients, after controlling for type of insurance at delivery, mother’s education, breast-feeding duration, parity, co-sleeping status, family income, race/ethnicity, and preconception smoking status.

Conclusions: In Oregon, women receiving prenatal care from private providers and HMOs are at higher risk of utilizing prone infant sleep position. Health Department clinics have done a better job than private physicians in educating expectant mothers about putting infants to sleep on their backs.

Public Health Implications: Women in Oregon receiving prenatal care from private physicians should be targeted for enhanced, culturally competent efforts to promote supine sleep position for infants. Providers – especially private providers – should continue to stress the importance of supine sleep position.